

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42966

STATE FILE NUMBER

FILED NOV 22 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2752

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Richmond Hts.</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ferguson</b> 4109 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in lb <b>2 Weeks</b>	d. STREET ADDRESS (If outside, give location) <b>#33 Beacon Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>REGINA</b> Last <b>LOVELY</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>5</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 1, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant-State Hospital #1</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <b>Michael Cleary</b>		11b. MOTHER'S MAIDEN NAME <b>Elizabeth Burgess</b>	11c. NAME OF HUSBAND OR WIFE <b>Late Clement Lovely</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNK.</b>	17. INFORMANT Address <b>Clement F. Lovely #33 Beacon Ave.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertension and arteriosclerosis</b> DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Leukemia, Probably Lymphoblastic</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>4 years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION . . . COUNTY . . . STATE	
21. I attended the deceased from <b>1-15-57</b> to <b>11-5-57</b> and last saw her alive on <b>11-4-57</b> Death occurred at <b>6:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Frank J. Kriegshauser M.D.</b>		22b. ADDRESS <b>1617 S. Brentwood</b>	
22c. DATE SIGNED <b>11-5-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Nov. 7, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, MISSOURI</b>
24. FUNERAL DIRECTOR <b>Kriegshauser</b>		ADDRESS <b>4228 S. Kingshighway</b>	25. DATE RECD. BY LOCAL REG. <b>11-5-57</b>
26. REGISTRAR'S SIGNATURE <b>Herbert R. Dombke M.D.</b> ace			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4533  
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.